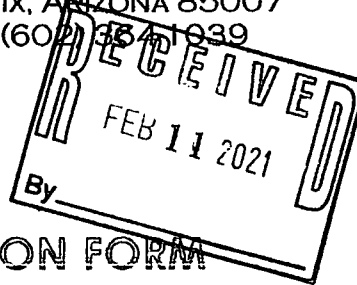


**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

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**COMPLAINT INVESTIGATION FORM**

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: Feb. 11, 2021

Case Number: 21-91

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Dr. Catalin Petcu

Premise Name: Western Animal Hospital

Premise Address: 5041 W. Northern Avenue

City: GLENDAL State: AZ Zip Code: 85302

Telephone: 623-931-2668

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

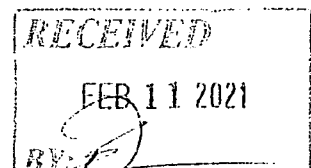
Name: Dorothy Richardson

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: N/A Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



**C. PATIENT INFORMATION (1):**

Name: Missy  
Breed/Species: Doberman Pinscher  
Age: 10 Sex: Female Color: Black/Brown

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

Please provide the name, address and phone number for each veterinarian.

Dr. Schuyler Burns, 602-938-2707  
Arrow Hospital 5130 W. Thunderbird Rd., GLENDALE, AZ 85306  
602-938-2707  
Dr. Tara Tillotson  
Arrow Hospital 5130 W. Thunderbird Rd., GLENDALE, AZ 85306  
602-938-2707  
Dr. Kent Livermore  
Arrow Animal Hospital 5130 W. Thunderbird Rd., GLENDALE, AZ 85306  
Dr. Allison Reeder BLUE PEARL Pet Hospital 9875 W. Peoria Ave, PEORIA, AZ 85345  
623-974-1520

**E. WITNESS INFORMATION:**

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Denise DiGiacomo  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Norothy Richardson  
Date: 2/9/21

**F. ALLEGATIONS and/or CONCERNS:**

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

*See Attached*

**Dorothy Richardson**

**[REDACTED]**

**[REDACTED]**

**February 3, 2021**

**Arizona State Veterinary Medical Examining Board**

**1740 W. Adams St.**

**Phoenix, AZ 85007**

**To Whom It May Concern:**

**I wish to file an formal complaint against Veterinlan Dr. Petcu who operates Western Animal Hospital at 5041 W. Northern Ave., Glendale, Arizona. My complaint is regarding the specific treatment provided by Dr. Petcu for my ten year old Doberman named Missy.**

**On Tuesday Jan. 19, 2021 my pet Missy was experiencing belly pain. She was just getting over being in heat. My daughter suggested I call a vet to have her examined as she felt that something was wrong. She called several vets who said they could not see her.**

**I discussed with my daughter calling Dr. Petcu as he has seen her in the past. Both of us were reluctant due to a previous misdiagnosis Dr. Petcu provided for my white lab Snow. He had given her a medication that he had prescribed previously to which she had a reaction. This made me wary of Dr. Petcu's competence.**

**After exhausting all other potential options for treatment with other providers I acquiesced.**

**We arrived around noon. Missy walked in. Dr. Petcu took my dog to the treatment area. He returned and advised my pet probably has Pyometra. Dr. Petcu said she was dehydrated and he wanted to keep her for a few hours to**

hydrate her. Dr. Petcu also said that he must operate on her when she was well enough, perhaps in two to four days. Dr. Petcu wanted to remove her uterus. Dr. Petcu informed us we should return around four thirty to pick her up.

That is exactly what we did. My daughter and I waited in the lobby while Dr. Petcu was seeing other patients. When it was our turn my daughter walked in the back area having heard Missy sounding like she was in distress. My daughter found my pet face down, with her legs splayed, spread eagle on the cold, cement floor with Dr. Petcu attempting to drag her to get her up.

Of course my daughter was horrified and asked what happened to her mother's dog. Dr. Petcu said he had taken her out to urinate around one to one thirty and when she came back in she slipped and landed in that position. Dr. Petcu claimed he attempted to get her up but she refused. He said she was being lazy.

My daughter and I tried, together, to haul my pet out of Dr. Petcu's office. She could not get up. People came and went and she lie there. I recovered a blanket from the vehicle and put it on her as it was cold outside.

Dr. Petcu would come out occasionally to attempt to get her up without any success. Dr. Petcu kept telling us to rub her hind quarters. We, of course we did, without any success.

My daughter kept asking Dr. Petcu why my dog could not walk. Dr. Petcu insisted she was simply being lazy.

Eventually, due only to my daughter's incessant requests, Dr. Petcu came out and loaded her into the vehicle and told us to take her home. Dr. Petcu did give us an antibiotic and a refill of her Valley Fever pills with the instruction to bring her back when she could walk.

That night my poor dog was in terrible pain. She soiled herself and could not get up at all. My daughter and I had to hand feed her and give her water a teaspoonful at a time.

The next day Dr. Petcu's assistant did call to inquire about my dog, but when we asked what to do for her we weren't given any response.

**My daughter called Dr. Petcu Thursday morning and asked when he was going to do the surgery and Dr. Petcu said he never said he perform the surgery.**

**Utterly distraught by the whole situation and now lacking any confidence whatsoever in Dr. Petcu's competence, we again tried calling several veterinarian places to see who would look at my dog. Arrow Hospital advised that they would be able to see my dog. My daughter and I transported to Arrow and they took her in immediately. They operated on her that very day.**

**Dr. Burns, who performed the surgery, called and said that my dog's Pyometra was minimal and his biggest concern was why she was unable to walk. He said that he would take additional x-rays and blood work to determine a cause.**

**We picked my pet up around six thirty or so and were told to take her to an emergency hospital for the evening as she was unstable and needed close observation.**

**We choose Blue Pearl on 97<sup>th</sup> and Peoria. Blue Pearl's employee's had a hard time transferring my dog from the vehicle to the cart. She stayed there that evening.**

**The veterinarian at Blue Pearl was very informative about the treatment provided during the night for my pet. The veterinarian gave us a written report and said that Missy should stay one more night, after seeing the Arrow veterinarian. The veterinarian informed us my poor dog was very cold and they had to keep her warmed during the night.**

**We revisited Arrow Hospital that day and a female veterinarian saw my dog and they kept her all day again. Missy was still unable to move her hind legs.**

**We returned my dog to Blue Pearl that Saturday evening She had tried to eat and drink while there.**

**This time we saw a male veterinarian, and he had seen her x-rays and said that she had had suffered a fall that injured her spine. The veterinarian did send us the ex-rays, which I have available should they be required.**

Once again, the veterinarian sent us home and provided instructions as to my pet's care.

I chose not to return her to Blue Pearl that evening but to instead sit with my dog and lay with her to keep her warm and hand feed her. She slept well but was fitful and needed the pain medications that Blue Pearl had given me.

On Sunday my dog still was unable to walk, to go outside to urinate. She was still not drinking water on her own.

Monday my dog was still not drinking or eating by herself and still urinating where she lie due to her inability to walk.

Tuesday I was relieved when she finally got up and went out on my porch and finally had a bowel movement. She also went to her feeder and drank some water.

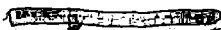
By Wednesday she is still receiving the medications from Blue Pearl and slowly, slowly regaining her ability to walk, eat and eliminate her bodily functions.

My pet continues to get up and walk gingerly being unable to turn or walk correctly.

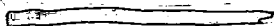
Consequently I am submitting this complaint advising you of Dr. Petcu's incompetence, misconduct, and utter disregard for my pet's well-being, safety, and comfort by allowing her to lile spread eagle on the floor of his treatment room for three to four hours, for then allowing her to lie on the cold sidewalk in front of his establishment, all without displaying any signs of compassion for my dog's plight, nor providing any pertinent or reliable medical advice for my pet, to me.

Sincerely,

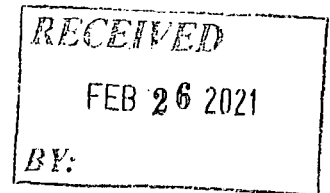
Dorothy Richardson







Catalin Petcu DVM, Western Animal Hospital  
5041 W. Northern Avenue STE A  
Glendale, AZ 85301  
623-931-2668



Re : 21-91

In regards to the above complaint I need to make few opening statements before I go into the narrative case.

Dorothy Richardson, the owner on record was never able to communicate with us in regards to any potential diagnostic tests or treatment, due to either a hearing or cognitive problem. Her daughter Denise Di Giacomo was always with her and she was the one making all the decisions for Ms Richardson.

Ms. Denise Di Giacomo (daughter) brought since 07/2017 , 3 pets in the past to our clinic ( 1 cat and 2 dogs), all with various health conditions, all transferred for second opinions to us, and were examined by other multiple veterinarians since then. They were always brought back to us with complaints of "misdiagnosis by other veterinarians". Ms. Di Giacomo claims repeatedly that she has a personal friend that is a "Holistic Veterinarian" and that after each visit to us, that veterinarian is changing the recommended treatment to a "holistic treatment". I had repeated conflicts during this last year with Ms. Di Giacomo for her failure to follow my recommendations and for continuously treating her dogs with "Internet recipes", in many instances she brought her or her mother's dogs to us in an Emergency situation. Ms. Di Giacomo walked into our clinic repeatedly with no appointments demanding "low cost emergency treatment" although I advised her not to do that any longer. Most of the time she or Mrs. Richardson would pay a small portion for the services and made payment arrangements and only made partial payments each time, taking a long time and repeated phone calls from us to pay their bills. In October 2020 Ms. Di Giacomo and Mrs. Richardson asked for their medical records to be mailed to them because they found a veterinarian that they would like them transferred to, which we did. They refused to tell us the name of the veterinarian or the clinic where they moved to.

#### Narrative

Missy, an intact female Doberman Pinscher born in 2011 was first brought to our clinic on July 9th, 2019 by Mrs. Richardson and Ms. Di Giacomo, per owner dog was on Thyroid medication and positive in the past for Coccidiomycosis, but was not given any medication for a long time. Owner did not have any records for Missy. Blood work (attached) revealed high potassium and a low Na:K ratio. I recommended ACTH stimulation test for confirmation of possible Hypoadrenocorticism but owner declined stating she will research. There was also elevation of



Alt and ALP. IGG coccidiomycosis was weak positive <1:2. About every 4-5 months owner will purchase a 1 month supply of Fluconazole (no script was ever given for an outside pharmacy). Since the first time I saw Missy, I was educating the 2 owners about crucial importance of having Missy spayed to avoid an emergency situation. I recommended that every single time I saw them. The owner's answer was always "She is not getting spayed". In June 2020 blood work (attached) revealed again IGG positive at <1:2 and elevated APL 935. Recommended consult with specialist for possible abdominal ultrasound, owner said she will do her own research. In October 2020 records were mailed to owner (at their request) for transfer to an undisclosed veterinarian. Owner requested immediate email of records because Missy was sick and needed to be seen. We do not know where, and was not told what was done with Missy since then. Owner did not provide us with any medical records. On January 19<sup>th</sup> 2021 around noon, Ms. Di Giacomo and Mrs. Richardson brought in w Missy, and although I had 4-5 clients waiting in the lobby to be seen, demanded with front desk that they need to be seen on an emergency basis, they did not have an appointment, nor called to schedule one. Dog was laying on the lobby floor, lifeless and not responsive to attempts to call her or to get her attention. I ask Denise what is going on, and she said "quote on quote "we talked with several veterinarians and Missy has "pyometra "I asked her why are they not being seen by their regular vet and Ms. Di Giacomo said "they refused to see us". I asked her to provide me the phone number for the veterinarian that attended Missy so I can see history for the last 4-5 months and owner said that they don't know the veterinarian name and that "it doesn't matter now". I examined Missy, she was extremely dehydrated, weak, and almost unresponsive. I asked the owner for how long is she not eating and Mrs. Richardson said 1 week, and she is not drinking water. Denise Di Giacomo immediately corrected her saying "she is eating" but not drinking water. Ms. Di Giacomo always medicates her dogs with a lot of over-the-counter drugs first, and if there is no response she brings them to us .This happened in the past with other pets she owns. I offered Missy canned recovery formula (which is the most likely food a dog would eat) and she refused. I explained to the owner differential diagnostics based on history and presentation ( I never said dog had "pyometra", that is the diagnostic the owner stated) and I told them that we can put the dog on IV fluids for 4 hours to rehydrate while they are researching for a 24 hour facility ( I recommended Blue Pearl Emergency Clinic and I gave them their phone number )that is willing to receive them for hospitalization and whatever diagnostic/ treatment /ultrasound/exploratory surgery is deemed necessary. I never said "I would operate on the dog when she was well enough; on the contrary I said that a possible surgery needs to be done in a facility that has a 24 hour monitoring capability, because Missy will need a lot of monitoring and fluid therapy after the surgery. Owner stated that blood work is out of the question for financial reasons. Owner stated she only has 400 \$ - we accepted this partial payment of 400\$ from the estimated 943.85 \$, and the owner promised she will make complete payment in few days. As of today February 24<sup>th</sup> 2021, owner never came back to pay the difference. Owner was

instructed to come back and pick up Missy at 4:30 pm since we are closing at 5:00 pm Owner left the clinic, leaving the dog in the lobby area. I put a towel under her abdomen and lift her up, so I could walk her in the treatment area (aprox 30 feet distance) . I took x-rays , placed an IV catheter, started on IV fluids and gave dog an ampicillin injection, gave a 20 mgs tab prednisone PO and forced feed 3 ounces of canned recovery formula. Due to the size of the dog and immobility we placed a large blanket in the treatment room and dog stayed in lateral decubit while received IV fluids. We switched the dog from right to left lateral decubit every 45 minutes. About 1 hour into the fluid therapy I took Missy outside and she urinated. Missy did not want to walk but I put a towel around her abdomen to help her walk outside . She urinated large amount then I helped her back into the treatment room .Per owner statement, I mention that I never told her that the dog “ slipped and landed in a certain position “. Missy received fluids until 4:30 when the owner came to pick her up, we have Covid restrictions and that afternoon was very busy. Clients were only allowed one at a time into the facility. There are 2 locked doors between the treatment area and the client area and only me and my assistant can unlock them from inside . The statement that daughter walked back into the treatment is a blatant lie as we never allow customers to do that .( If somewhat Ms Di Giacomo walked into the treatment area without my knowledge she could only see Missy laying on right or left side receiving IV fluids) .I walked Missy back into the reception area for release holding the towel around her abdomen. She was able to walk on the front legs but very weak and unable to walk on her own without support . I asked the owner if they are taking her to the emergency clinic and owner stated that they decided not to because Missy will “get better care at home” . I told her that they must take her to EAC and offered to load Misty in the car. I also gave them phone number for the neurology specialist and told them to call and schedule consultation right away. Owner stated that I should keep Missy overnight and I told her that we are not equipped, nor have the staff or resources to keep dogs in this critical condition overnight . Owner insisted and I told her again that she needs to take Missy to EAC. She said they will and they will load her in the car as they do not need my help. I gave them all the medications, went over all the instructions and went to see other customers as we had another 4-5 customers waiting. When I went over the medications to go home, Ms Di Giacomo was asking google about Amoxicillin and she responded me quote on quote “that is not the medication for Pyometra- I won’t give her that”, and about prednisone - “that will produce a lot of reactions – I won’t give her that “.Every time I would come out in the lobby to pick up the next pet client ( we have Covid schedule and only allow one client at a time in the lobby , pets are being picked up and taken in the back for treatment), I would ask Ms Di Giacomo to allow me to load the dog in the car for them as they were sitting in front of the clinic with the dog. Every single time Ms Di Giacomo will refuse my help to load the dog in the car, she was very upset as why are we not keeping the dog in the facility overnight as I repeatedly mentioned to her that we do not have the capabilities to do that .Ms Di Giacomo kept

repeating that they want Missy to get up and walk in the car and they won't leave until she does that. Finally Ms Di Giacomo allowed me to load Missy in the car and I mentioned again "you are taking her to EAC!"

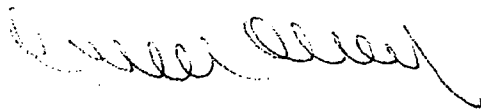
Next day January 20th in the morning I asked my assistant Renee to call the owner and check on the dog, their answer was that they did not take her to EAC and they don't intend to. Renee told them again that they need to take her to EAC or a Specialty clinic as soon as possible.

The next day January 21<sup>st</sup>, Denise Di Giacomo called and asked to talk with me and she said "I am bringing Missy in now for you to do the Pyometra surgery on her". My response was that at this specific time the dog needs to be taken into a specialty clinic, have blood work done, ultrasound, dog needs to be stabilized and if surgery is the necessary step then the veterinarian in charge will decide that. I repeated that I would recommend a potential surgery to be performed in a facility that can monitor dog post-surgery at least 24 hours.

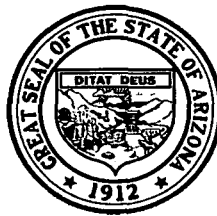
In regards to the statement that "In the past Dr Petcu misdiagnosed my white lab Snow", I'd like to mention that I saw Snow twice for medical reasons, once in August 22 2019 when she was presented on an Emergency arterial severe bleeding from the perirectal and rectal area and we saved the dog's life and a second time on September 14<sup>th</sup> 2020 for a corneal ulceration and ear infection, I just don't understand where the "misdiagnosis" was.

As a closing conclusion I will respond to Mrs Richardson/ Di Giacomo closing conclusion with the fact that for 2 years I did nothing but give them continuous professional advice which they disregarded willingly, and I am convinced that as weak and sick as the dog was when presented to us on January 19<sup>th</sup>, we saved Missy's life with the aggressive fluid therapy and steroid/ antibiotic treatment. When everyone refused to see them for reasons known only by the owners, we were there to save the dog's life.

Catalin Petcu DVM, February 24<sup>th</sup> 2021



**DOUGLAS A. DUCEY**  
- GOVERNOR -



**VICTORIA WHITMORE**  
- EXECUTIVE DIRECTOR -

## **ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1-PET (1738) ☎ FAX (602) 364-1039

VETBOARD.AZ.GOV

### **INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** PM Investigative Committee: Adam Almaraz - Chair  
Amrit Rai, DVM  
Cameron Dow, DVM  
Brian Sidaway, DVM

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Marc Harris – Assistant Attorney General

**RE:** Case: 21-91  
Complainant(s): Dorothy Richardson  
Respondent(s): Catalin Petcu, DVM (License: 3832)

#### **SUMMARY:**

Complaint Received at Board Office: 2/11/21  
Committee Discussion: 7/13/21  
Board IIR: 8/18/21

#### **APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018  
(Lime Green); Rules as Revised  
September 2013 (Yellow)

On January 19, 2021, "Missy," a 10-year-old intact female Doberman Pinscher was presented to Respondent due to belly pain. Pyometra was suspected. Respondent hospitalized the dog for IV fluids and radiographs; blood work was declined.

Later that afternoon, Complainant and her daughter picked up the dog. Complainant's daughter stated that she walked into the Respondent's treatment area and saw the dog's legs splayed out. The dog could not walk out of the premises without assistance. Respondent recommended taking the dog to an emergency facility.

On January 21, 2021, the dog was taken to Arrow Animal Hospital for evaluation of possible pyometra and inability to walk. Pyometra surgery was performed and the dog was transferred to an emergency facility for overnight monitoring.

The following day, the dog returned to Arrow Animal Hospital and spinal radiographs revealed disk space narrowing and spondylosis. The dog was again transferred to an emergency facility that evening for care.

The dog was monitored by the emergency facility overnight and returned to Arrow Animal Hospital. The dog continued to improve and was walking on her own.

**Complainant was noticed and appeared.**

**Respondent was noticed and appeared telephonically.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Dorothy Richardson*
- Respondent(s) narrative/medical record: *Catalin Petcu, DVM*
- Consulting Veterinarian(s) narrative/medical records: *Arrow Animal Hospital; and BluePearl*

## **PROPOSED 'FINDINGS of FACT':**

1. On January 19, 2021, the dog was presented to Respondent due to belly pain. Complainant and her daughter, Denise DiGiacomo, arrived at the premises without calling or scheduling an appointment. Complainant stated the dog walked into the premises. Respondent assessed the dog in the lobby, due to it not walking or wanting to get up – he stated the dog was extremely dehydrated, weak and almost unresponsive. Complainant reported that the dog had not eaten for a week, but the daughter stated that the dog was eating, just not drinking water.

2. According to Complainant, Respondent advised that the dog had a pyometra and he wanted to keep the dog for a few hours to hydrate her. He further stated that he must operate on her when she was well, possibly 2 – 4 days, and remove her uterus. Respondent then instructed Complainant to return at 4:30pm to pick the dog up.

3. According to Respondent, he did not state the dog had pyometra, the pet owner gave that diagnosis to him. He did provide a differential diagnosis based on the dog's history and presentation. Respondent offered to put the dog on IV fluids for four hours to rehydrate her while Complainant sought an emergency facility to transfer the dog – he provided contact information for BluePearl. Respondent further explained that he did not say he would operate on the dog. He advised that possible surgery would need to be done at a 24-hour monitoring facility. When Complainant left the premises, they left the dog in the lobby. Respondent placed a towel under the dog's abdomen and lifted her up so she could walk into the treatment area.

4. The dog was placed on a large blanket in the treatment area; radiographs were performed, IV fluids were started, ampicillin and prednisone were administered, and the dog was force fed 3 ounces of canned recovery formula. Upon exam, the dog had a weight = 90.6 pounds, a temperature = 103.2 degrees, a heart rate = 130bpm, and a respiration rate = 26rpm. Radiographs revealed air in colon and possibly in uterus, stool in large intestine – rule outs - acute abdomen, neoplasia, pyometra.

5. The dog was started on Lactated Ringers Solution: 330mLs/hr for 2.5 hours to correct dehydration, then 250mL/hr. B complex added to 1 liter of LRS. The dog was administered and dispensed the following:

- a. Ampicillin 290mg SQ;
- b. Prednisone 20mg, 25 tablets; give 1 tablet orally twice a day for 3 days, then 1 tablet orally once a day for inflammation;
- c. Amoxicillin 500mg, 40 capsules; give 2 capsules orally twice a day for infection; and
- d. Fluconazole 200mg; give 1.25 tablets orally twice a day for Valley Fever (dog had history of being positive for Valley Fever in the past).

6. At 4:30pm, Complainant stated they returned to Respondent's premises to pick up the dog. Complainant stated that after waiting for Respondent to finish with other patients, her daughter walked into the treatment area after she heard what sounded like the dog in distress. Ms. DiGiacomo stated she found the dog face down, with her legs splayed, spread eagle, on the cold, cement floor. Respondent was attempting to drag her to get up. When asked what happened, Respondent stated that he took the dog out to urinate at 1:30pm, and the dog slipped and fell when they returned inside; he tried to get the dog up but she was being lazy.

7. According to Respondent, due to Covid restrictions, no clients were allowed in the treatment area. There are two doors between the treatment area and the client area, which were locked, and only Respondent and staff could unlock them from the inside. Additionally, clients were only allowed in the building one at a time. If Ms. DiGiacomo had entered the treatment area, Respondent said she would have seen the dog lying on her left side receiving fluids. Respondent stated that Complainant and Ms. DiGiacomo were not being truthful about her daughter entering the treatment area. The dog was taken outside by Respondent with assistance, after she urinated, she was brought back inside into the treatment area.

8. Upon discharge, Respondent walked the dog to the lobby by placing a towel under her abdomen – she could walk using her front legs with support. Respondent asked if they were taking the dog to an emergency facility – Complainant responded that they could care for the dog at home. He encouraged them to take the dog to a 24-hour facility; Respondent also gave them information for a neurologist. Ms. DiGiacomo argued with Respondent about the medications he dispensed not being appropriate for the dog's condition and continued to try to convince Respondent to keep the dog overnight. Respondent refused.

9. The dog was taken outside, where Complainant continued to try to convince Respondent to keep the dog. Respondent stated he could not, and offered to assist with getting the dog in the vehicle. The dog was loaded in the car and Complainant and her daughter left.

10. The following day, Respondent's staff called to check on the dog. The dog was not taken to a specialty facility as recommended. According to Complainant, the dog was in terrible

pain, soiled herself and could not get up at all.

11. On January 21, 2021, Ms. DiGiacomo called Respondent to discuss bringing the dog in for surgery. Respondent stated that he would not perform pyometra surgery on the dog. He again stated the dog needed to go to a specialty facility for stabilization, blood work and ultrasound. The veterinarian on the case would need to determine if surgery was necessary.

12. Later that day, the dog was presented to Dr. Burns at Arrow Animal Hospital. Complainant mentioned that the dog was diagnosed with pyometra; had become weaker and she did not feel the medications were working. Complainant also brought up that they thought something happened at Respondent's premises that injured the dog.

13. Dr. Burns stated that since the dog would not get out of the car, he went out to get the dog's history from Complainant and her daughter. After getting some information, he stated that he would come back out after he examined the dog to discuss the plan. After some encouragement, the dog hopped out of the car and was able to walk into the hospital. The dog did appear weak and appeared to have mild proprioceptive deficits but was ambulatory.

14. After his exam, Dr. Burns discussed his findings with Complainant and her daughter. He wanted to repeat radiographs as he was not convinced the dog had a pyometra and wanted to make sure before they put the dog through surgery. Dr. Burns stated that based on her presentation, she had a guarded prognosis, and was concerned that there may be something else going on due to her weakness and neuro signs. If a pyometra was present, it could be antagonizing the neuro signs, or there could be some unrelated issue causing the dog's symptoms.

15. Repeat radiographs were not definitive for pyometra therefore a quick ultrasound was performed. Dr. Burns located a fluid distended structure under the bladder and near one of the kidneys. He called Complainant to report that he suspected pyometra and she elected to move forward with surgery. Dr. Burns discussed that the dog would likely need overnight care or 24-hour care after surgery.

16. Surgery was performed and the dog recovered. Overnight care at an emergency facility were recommended but Complainant declined initially. At discharge, Complainant chose to take the dog for overnight monitoring at BluePearl.

17. That evening the dog was presented to BluePearl. Dr. Reeder stated that the dog was presented for post-op transfer after a pyometra surgery. Initially the dog appeared laterally recumbent, however, on exam the dog was reluctant to stand but could sit sternally when assisted. IV fluids were initiated, along with warming devices due to hypothermia. The dog attempted to stand and had mobility in her front limbs but was weak in her hind end. Dr. Reeder spoke with Complainant about the dog's history. Complainant advised that the dog

was hospitalized for IV fluids and started to have mobility issues. Complainant suspected that the dog must have fallen and been left on the floor for four hours afterwards. Dr. Reeder stated that she could not tell if the dog's mobility issues were musculoskeletal versus neurological. Trauma could explain the dog's signs if musculoskeletal but neurological disease is likely degenerative in nature. Complainant approved diagnostics and therapies.

18. On January 22, 2021, the next day, the dog was transferred back to Arrow Animal Hospital. Dr. Tillotson evaluated the dog and discussed her findings with Complainant. She noted tetraparesis and wanted to rule out peripheral neuropathy, peripheral myelopathy, spinal cord inflammation/trauma, IVDD, neoplasia, other. Dr. Tillotson recommended continuing IV fluids and buprenorphine and full spinal radiographs. Complainant approved.

19. Radiographs revealed disk space narrowing at T8 -10, spondylosis present at T11 – 12. The dog was hospitalized on Normosol fluids and buprenorphine, as well as antibiotics. The dog was not interested in food. The dog was not able to rise on own however, in the afternoon, the dog did attempt to rise on own and was able to ambulate with assistance; moderate ataxia present. The dog was transferred to BluePearl for overnight monitoring.

20. Dr. Reeder evaluated the dog and noted that the dog stood up briefly when brought to her kennel at transfer. During the stay, the dog improved greatly; she was able to get up and walk from her kennel to the yard, posture appropriately, and walk back inside. The dog's gait was occasionally clumsy while walking, and during one of the walks she had to stop and lie down before getting back up and trying again. Additionally, the dog started to eat and ate consistently whenever food was offered. Complainant was surprised when she was updated that the dog was walking on her own and eating.

21. On January 23, 2021, the dog was discharged from BluePearl and returned to Arrow Animal Hospital. Dr. Livermore evaluated the dog and noted that she was able to walk but seemed mildly weaker. Proprioception of the front legs were normal while the rear legs showed decrease, more so on the left side. Dr. Livermore's assessment was thoracolumbar disc disease and Valley Fever neuropathy. The exam findings were discussed with Complainant – strict confinement was recommended, along with keeping the dog off tile or slick surfaces for at least 2 weeks. Complainant was to continue the medication as directed. Dr. Livermore noted that although Complainant was rightfully upset at Respondent due to splay leg for a long period of time that would not cause the dog's radiographic lesions. The dog was discharged with recommendations to follow up in one week.

22. Complainant expressed concern that Respondent's conduct was unprofessional by allowing the dog to lay on a cold floor with legs splayed for several hours then on a sidewalk, without showing signs of compassion and not providing any pertinent or reliable medical advice.

## **COMMITTEE DISCUSSION:**



The Committee discussed that there were some medical record keeping deficiencies in the case. There are two different stories with respect to the care that the dog was provided. However, the medical records could have been more descriptive – if there is an abnormality checked, it should be documented what the abnormality was.

Respondent was clear in his communication that he could not perform surgery and referred the dog elsewhere. He did not have support staff to provide surgical services.

There was no indication of the dog's decline in mobility was related to Respondent's care and treatment. There was follow up by Respondent's premises to check on the dog the following day.

### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that possible violations of the Veterinary Practice Act occurred.

### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board find:

**ARS § 32-2232 (21)** as it relates to **AAC R3-11-502 (L):**

- **(4)** failure to document in the medical record the abnormalities found when the dog was examined; and
- **(5)** failure to document in the medical record the dog's tentative or definitive diagnosis.

**Vote:** The motion was approved with a vote of 4 to 0

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

TR

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Tracy A. Riendeau, CVT  
Investigative Division

DOUGLAS A. DUCEY  
GOVERNOR



VICTORIA WHITMORE  
EXECUTIVE DIRECTOR

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

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PHONE (602) 364-1-PET FAX (602) 364-1039

CERTIFIED MAIL  
94890090000276265239533

September 16, 2021

Catalin Petcu, DVM  
ADDRESS ON FILE

**LETTER OF CONCERN – 21-91 - In Re: Catalin Petcu, DVM**

Dear Dr. Petcu:

At its meeting on August 18, 2021, the Arizona State Veterinary Medical Examining Board considered information presented in the complaint case filed by Dorothy Richardson regarding her pet "Missy" Richardson.

In each case, the Board considers the situation and the professional's response, as well as all relevant information. In this matter, after review and discussion, the Board voted to dismiss the case and issue you a Letter of Concern pursuant to A.R.S. § 32-2234(D). This Letter of Concern is regarding the need to consistently ensure that medical records are complete and contain required information per the Arizona Revised Statutes and administrative rules.

A Letter of Concern is defined in A.R.S. § 32-2201(12) as "...an advisory letter to notify a veterinarian that, while there is insufficient evidence to support disciplinary action about certain aspects of the case, the Board believes the veterinarian should modify or eliminate certain practices and that continuation of the activities that led to the information being submitted to the Board may result in action against the veterinarian's license."

We hope you will take this advisory letter in the spirit that it is intended to avoid any other potential violations in the future.

Respectfully,  
FOR THE BOARD

A handwritten signature in cursive script, reading "Victoria Whitmore".

Victoria Whitmore  
Executive Director

cc: Dorothy Richardson  
David Stoll, Esq.

DOUGLAS A. DUCEY  
GOVERNOR



VICTORIA WHITMORE  
EXECUTIVE DIRECTOR

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

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IN ACCORDANCE WITH A.R.S. § 32-2237(D): "IF THE BOARD REJECTS ANY RECOMMENDATION CONTAINED IN A REPORT OF THE INVESTIGATIVE COMMITTEE, IT SHALL DOCUMENT THE REASONS FOR ITS DECISION IN WRITING."

At the August 18, 2021 meeting of the Arizona State Veterinary Medical Examining Board, the Board considered the recommendations of the Investigative Committee regarding case number 21-91 In Re: Catalin Petcu, DVM.

The Board considered the Investigative Committee's Findings of Fact and Conclusions of Law:

**ARS § 32-2232 (21) as it relates to AAC R3-11-502 (I):**

- (4) failure to document in the medical record the abnormalities found when the dog was examined; and
- (5) failure to document in the medical record the dog's tentative or definitive diagnosis.

Following discussion, the Board concluded that Respondent's conduct did not rise to the level of a violation and voted to dismiss this issue with no violation and issue a Letter of Concern with respect to ensuring animal's medical records are properly maintained.

Respectfully submitted this 15<sup>TH</sup> day of September, 2021.

Arizona State Veterinary Medical Examining Board

  
Jim Loughhead - Chair